



## Appeal of Adverse Employment Action

### Hearing Panel Findings and Recommendation

\_\_\_\_\_  
Employee Name

#### Findings of Fact:

Affirm the previous action - \_\_\_\_\_

Overturn the previous action - \_\_\_\_\_

Modify the previous action - \_\_\_\_\_

#### Modifications: (Attached)

\_\_\_\_\_  
Panelist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Panelist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Panelist Signature

\_\_\_\_\_  
Date